		PENSE CLAIM	I				nd Privac	-						20
STD. 262 (REV. 10/92) Stateme CLAIMANT'S NAME							nt on Reverse Side SSAN OR EMPLOYEE NUMBER DEPARTM				Page	1	of	1
Robert .	J. Gore													
POSITION CB/ID NUMBER						DIVISION OR BUREAU					TIOT'S Office			
Deputy Cabinet Secretary RESIDENCE ADDRESS						Cabinet								
RESIDENCE ADDRESS						HEADQUARTERS ADDRESS					TELEPHONE NUMBER			
CITY SIAIE ZIP						State Capitol, Sacramento, CA 95814					ZIP			
MEALS						TRANSPORTATION								
MONI	HAVEAR	LOCATION	LODGING		MEALS		INCIDENTALS		T '	CARFARE,	ION		BIISINESS	7074
2	10	WHERE EXPENSES						COST OF		TOLLS,	PRIVATE CAR USE		BUSINESS	TOTAL
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT	EXPERSE	FOR DAY
0.5.1		Tulone	197.99									AMOUNT		FORDA
9-Feb		Tulare	197.99				1					0.00		197.
												0.00		0.0
												0.00		0.0
												0.00		0.0
,												0.00	*	0.0
March 1												0.00		0.0
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				-								0.00		0.0
												0.00		0.0
												0.00		0.0
												0.00		0.0
COLUMN		OTALS ACCTG. USE ONLY	197.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0.00	0.00	
	CLAIM	TOTAL											\$197	7.99
		IP, REMARKS AND						97.2			NORMAL W	ORK HOU		
		or on his tour of V sts: This was the S								he	DDNATEN	EL 1101 E 1 11		
		ity of this event an		S 11372 15 11712		s III tile a	C area are	e booket	due to t		PRIVATE V	EHICLE LIC	CENSE NU	MBER
											MILEAGE R 0.445	ATE CLAIN	MED	
											AGENC	Y ACCOU	NTING O	FFICE
HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or											USE ONLY			
										qual to or	PAID BY R	EVOLVING FL	IND CHECK N	JMBER
		med, and that I have met th	ne requiremer	nts as prescri	bed by SAM	Sections 075	50, 0751,0752	, 0753 and 0	754		8			
LAIMAN	vehicle safe	ity and it belt usage.		1	DATE		SIGNATURE O	NE VEELUED *	DDDOVING T	PAVEL AND D	AVAFAIT			
1000 NO.		20			2/10		- S. A. ORL	S.IIOEN A	i Noting II	STEL AND P.	A (MICN	l ^D	ATE).

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES